

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

5  
Lobbyist's Registration Number

## FOR OFFICE USE ONLY

Postmark Date: 01/24/06

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#100003  
\$110.00wy

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### Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 3 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME McFaiter Ann M.  
Last First MI

2. BUSINESS PHONE (225) 922-6200  
Area Code and Phone Number

3. BUSINESS ADDRESS 9516 Airline Hwy. Baton Rouge LA 70815  
Street and No. City State Zip

MAILING ADDRESS Same  
Street and No. City State Zip

4. EMPLOYER Louisiana Farm Bureau Insurance Companies

5. EMPLOYER'S ADDRESS 9516 Airline Hwy. Baton Rouge LA 70815  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Farm Bureau Insurance Companies  
Address 9516 Airline Hwy., Baton Rouge, LA 70815  
Business or purpose Insurance Companies  
Does this person pay you? Yes  
If No, who pays you? N/A

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HAND DELIVERED

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

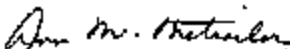
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY